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**Program Scholarship Application Introduction**

Thank you for your interest in the Tulen Foundation Program Scholarship. Scholarship funds are meant for students in need of funding for Tulen programs including No Go Yell Tell Kids Self-Defense, Hours of Power Self-Defense and on going weekly training at a Tulen school. Funds will not be used for additional training including summer camps and seminars.

All students who receive a Tulen Foundation scholarship are expected to participate in Selfless Service for their school. The Selfless Service tasks are at the discretion of the head instructor and will be agreed to before receiving funds. Selfless Services tasks include light studio maintenance and cleaning, soliciting donations for upcoming fundraising events, flyering, etc.

Please fill out the Program Scholarship Application below. Applications from first time applicants will be reviewed on a quarterly basis. All returning applicants must have the application filled out and submitted to the Tulen Foundation by **April 1** to be eligible to receive funding. All applications will be reviewed by the Tulen Foundation board. Note that past funding does not guarantee future funding.

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**Program Scholarship Application**

Thank you for your interest in Tulen Foundation scholarships. Please complete the information requested and we will review your application. Applications for matching funds, in which the applicant or other entity can pay towards the amount needed, are encouraged.

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| Application Date | School Location | |
| APPLICANT INFORMATION | | |
| Name | Age | |
| Phone  ( ) | Email | |
| Address | | |
| City | State | Zip |
| PARENTAL OR GUARDIAN INFORMATION (IF APPLICABLE) | | |
| Name | Relationship | |
| Phone  ( ) | Email | |
| Address | | |
| City | State | Zip |
| PROGRAM | | |
| Intended Program | Cost of Program  per (Class / Month / Year) | |
| Amount Applicant or Other Entity Will Contribute  per (Class / Month / Year) | |
| The Tulen Foundation is committed to providing equal opportunities to all persons regardless of race, color, national, origin, age, religion, sex, or disability in its programs, services, activities, employment policies, and enrollment or subscription to any program or service. Application approval is based on criteria determined by the Tulen Foundation. | | |
| Have you received a scholarship from the Tulen Foundation before? If yes, for what program and at what amount? | | |

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| APPLICANT ESSAY | |
| Who referred you to the Tulen Foundation application? | |
| Why are you seeking a scholarship? Why should you receive funding over other eligible applicants? | |
| Signature | Date |

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| --- | --- |
| Date Received by Tulen Foundation | Region |
| SCHOLARSHIP COMMITTEE | |
| Committee Members | |
| Criteria Used For Selection | |
| Why should the Applicant receive a scholarship? | |
| TULEN FOUNDATION | |
| □ Approved □ Not Approved | Funds Encumbered |
| Tulen Foundation Statement and Disbursement of Funds | |
| Authorized Signature | Date |